



Arizona State Board of Massage Therapy

1400 W. Washington Room 300

Phoenix AZ 85007

602-542-8604 fax-602-542-8804 ♦ www.messageboard.az.gov

Rob Wilson Deputy Director /Investigator

Complaint Form (Please type or print legibly)

Anyone claiming to have been harmed by a massage therapist in Arizona may file a complaint against the person they believe at fault. The initial complaint may be made by phone, letter or through an attorney.

Complainant's Name _____

Daytime Phone No. _____

Address _____

Street

City State

Zip

Massage Treatment Recommended _____

Name of Massage Therapist _____ MT- _____

Address site of Treatment _____

Amount of Money Involved \$ _____ Action Sought _____

Date(s) ____/____/____ ____/____/____ ____/____/____

Was the Massage Therapist informed personally about the complaint and was there a response?

Please describe your complaint below (print or write legibly)

Multiple horizontal lines for describing the complaint.

(use the back or additional page if needed)

I hereby attest (verify) that the information contained in this complaint and any information and documents attached to this complaint are filed in good faith with the Arizona State Board of Massage Therapy. I understand that the Board may and has my permission to obtain the records necessary to process my complaint.

Your Signature

Date